

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE



NAACP COMPLAINT FORM

Please read each attached page carefully. **Complete each section (pages 3-10) and return to:**

**Lansing Branch NAACP
ATTN: Legal Redress Committee
3105 Martin Luther King Jr. Blvd. #141
Lansing, MI 48910
(517) 484-9171 - Office
Email: secretary@naacplansing.org**

PLEASE NOTE:

- The NAACP cannot help you with your civil rights complaint until this form has been completed and returned;
- Thorough completion of this form will help to expedite the handling of your complaint;
- If you have an urgent civil rights complaint, you may also wish to directly contact:

Equal Employment Opportunity Commission (800) 669-4000
Michigan Civil Rights Department (800) 482-3604
American Civil Liberties Union (ACLU) (313) 578-6800
Michigan State Bar Lawyers' Referral Service (800) 968-0738

- The sheer volume of complaints received prevents the NAACP from pursuing every matter. Our ability to assist is directly related to membership support. We do not receive financial support from the government.

FILING A CIVIL RIGHTS COMPLAINT

To process a civil rights complaint, the individual must be able to provide enough information to reasonably establish that there has been a violation of the law. To establish grounds, it will be helpful to the investigating agency if you can provide the following information:

- The name, address and telephone number of the person or business against who you are complaining and, for *employment* complaints, your best estimate of the total number of persons employed by the business;
- The dates of all alleged discriminatory incidents and the names of everyone involved;
- Specific examples of different/discriminatory treatment, indicating the people and conduct involved;
- Names, addresses and telephone numbers (if possible) of all witnesses;
- Copies of any relevant policies and/or documents;
- For an *employment* complaint that involves a union, the name, address and telephone number of the union local and the relevant representative, including the status of any filed grievance(s);
- Copies of any complaints filed with any state or federal agency.

INFORMATION TO CONSIDER WHEN FILING A CIVIL RIGHTS COMPLAINT

- If the matter is to be referred to the Michigan Department of Civil Rights (MDCR), the act(s) of alleged discrimination must have occurred in the areas of *employment, public accommodation or service, education, or housing*, within the past **180** days;
- If it is an *employment* matter, it can still be referred to the Equal Opportunity Commission (EEOC) if the alleged discriminatory act(s) occurred within the past **300** days;
- You should be able to provide a reason for your belief that the act(s) occurred because of religion, race, color, national origin, age¹, sex, height², weight³, marital status⁴, familial status⁵, physical or mental disability, arrest record⁶, or in retaliation for making or participating in a complaint about one of these categories;
- The alleged discriminatory act(s) occurred in Michigan;
- The person or entity against who you are complaining is not a United States, Canadian or Native American governmental agency;
- The matter is not pending in any court of law

¹ In education issues, age and marital status applies only to records made for admission purposes.

² Height, weight and arrest record apply to employment only.

³ See Footnote #2, above.

⁴ See Footnote # 1, above.

⁵ Applies to housing only.

⁶ See Footnote #2, above.

NAACP COMPLAINT FORM



(Please PRINT or TYPE)

TODAY'S DATE: _____

NAME: _____
First Middle Last

ADDRESS: _____
Number Street Apt. No.

City State Zip Code

CONTACT NO: _____
Area Code/Day Phone Email Address

ETHNICITY/RACE: _____ SEX _____ AGE _____ DOB ____/____/____

NAACP MEMBER : YES __ (Regular__ Life__ Silver__ Gold__ Diamond __)

PAST MEMBER _____ YES _____ NO

BRANCH NAME _____ EXP. DATE(if any) _____

RESPONDENT (party you are filing against):

Name: _____

Company (if applicable): _____

Address: _____

Telephone Number: _____
Area Code Number

Contact Person (if any): _____

Number of Employees: _____ **Are you a member of a union?** __ YES __ NO

Union (if any): _____

Union Representative: _____

Area Code/Telephone No: _____

CAUSE OF DISCRIMINATION OR CIVIL RIGHTS COMPLAINT:

Race: _____ Color: _____ National Origin: _____
Sex: _____ Age: _____ Marital Status: _____
Height: _____ Weight: _____ Familial Status: _____
Physical or Mental Disability: _____ Arrest record: _____
Religion: _____ Other: _____

AREA OF COMPLAINT:

Employment: _____ Housing: _____ Education: _____
Public Accommodation: _____ Public Service: _____
Other: _____

DATE(S) OF INCIDENT(S) [use a separate sheet for specific details]

1) _____ 2) _____
3) _____ 4) _____
5) _____ 6) _____

WITNESSES:

1) _____	_____	_____
Name	Address	Phone Number
2) _____	_____	_____
Name	Address	Phone Number
3) _____	_____	_____
Name	Address	Phone Number
4) _____	_____	_____
Name	Address	Phone Number

Police Report:

Was a police report made? ____ Yes _____ No

If "No", why not? _____

If "Yes", identify the police department, address and officer receiving the complaint:

Please describe the outcome of your contact with the police: _____

Pending Investigation(s)/Litigation:

Have you retain an attorney to handle this matter? ____ Yes ____ No

If yes, please provide your attorney's name and address:

Has a Complaint been filed with:

Any other NAACP unit YES NO

If yes, which unit? _____

Michigan Department of Civil Rights (MDCR) YES NO

Equal Employment Opportunity Commission (EEOC) YES NO

United States District Court YES NO

National Labor Relations Board (NLRB) YES NO

_____ Human Rights Department YES NO

American Civil Liberties Union (ACLU) YES NO

_____ County Circuit Court YES NO

Please describe the status of any filed Complaint, **including any scheduled hearing/trial date(s)**:

Reconciliation Attempts:

Have you tried to discuss/resolve this problem with the Respondent? __ YES __ NO

If yes, who did you contact? Name: _____

Address: _____

Phone No: _____

When did you discuss this? _____

What was the result? _____

What is your desired outcome: _____

Support documents/materials:

Please submit a **copy** of any written materials or documents that you think are important to your complaint. **Please keep your original papers!!**

Details of incident(s):

On the next page, please describe your complaint in detail, including dates, locations and the names of everyone involved. Attach additional sheets, if necessary.

RELEASE

To:

**I have asked the NAACP to investigate allegations of discrimination against _____
_____.**

**Please release to the NAACP, and its named representative, a copy of any and all documents in your possession regarding my

_____.**

Thank you.

Signed: _____
Claimant

Date: _____

Witnessed by: _____
Notary Public

Date: _____

DISCLAIMER

- 1. I understand that the Michigan State Conference of NAACP is not a law firm, and cannot provide me with legal advice or representation.**
- 2. I understand that the Michigan State Conference of NAACP may investigate and act on this matter, or refer it to an appropriate external agency or organization (e.g., EEOC, MDCR, legal aid, Fair Housing Center, etc.).**
- 3. I understand that the decision to refer is final, and within the sole discretion of the Michigan State Conference of NAACP.**
- 4. I agree to provide the Michigan State Conference of NAACP with copies of all documents in my possession, and authorize the NAACP to share those documents with the any agency to which I may be referred.**
- 5. I release and hold harmless the Michigan State Conference of NAACP, its officers, directors, employees, agents and/or volunteers from any cause of action, lawsuit, damages, judgments, claims and/or demands whatsoever, in law and equity, which I had, have and/or will have, or which any of my successors, assigns, agents, employees, heirs, and/or personal representatives shall or may have against the NAACP, upon or by reason of the handling of this Complaint.**

I understand the above Disclaimer, and agree to its terms.

Complainant's Name (Printed)

Complainant's Signature

Date